Image# 12970533888 PAGE 1 / 5

FEC FORM 1		STATE ORGA				Office U	se Only	
NAME OF COMMITTEE (in	n full)	(Check if is changed		Example:If typing, type over the lines.	12FE	E4M5		
Deloitte Po	olitical	Action Co	mmitte	e				
ADDRESS (number a	nd street)	P.O. Box 365						
(Check if address is changed)		Washington			DC	20044		
			CI	ΓΥ	STATE		ZIP CODE	Ξ
COMMITTEE'S E-MA (Check if is change	address	S (Please provide o	-	ail address)				
COMMITTEE'S WEB	PAGE ADD	RESS (URL)						
(Check if is change								
2. DATE 03	3 13	2012						
3. FEC IDENTIFIC	CATION NU	MBER	C C002	211318				
4. IS THIS STATE	MENT	NEW (N)	OR	X AMENDED (A	A)			
I certify that I have of	examined this	s Statement and to	the best of	my knowledge and bel	lief it is true, o	correct and con	nplete.	
Type or Print Name	of Treasurer	Cindy M. Stevens	3					
Signature of Treasure	Cindy M.	Stevens		[Electronically File	d] Date		13 / Y	2012
NOTE: Submission of				y subject the person sigr SHOULD BE REPORTE	-		lties of 2 U	.S.C. §437g.

Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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